

VA



U.S. Department
of Veterans Affairs

Veteran Community Partnerships:

*Meeting the Needs of
Veterans During the
Pandemic*

Fiscal Year 2020
Summary of Activities



Vision

To ensure Veterans choice in their access to care, services, and benefits through organized VA and community partnerships.

Mission

To empower collaborative action between VA and community partners to develop and expand personalized options for Veterans.

Leadership Team

Dr. Jamie Davis represents the Center for Healthcare Advancement and Partnerships and serves as the national lead for VCP collaborative activities with other VA program offices.

Sherri DeLoof, VCP Program Manager for Geriatrics and Extended Care, serves as the national administrative lead.

Dr. Bret Hicken works for the Office of Rural Health in the Veterans Rural Health Resource Center – Salt Lake City and serves as the national evaluation lead.

Taryn Oestreich is on detail to the Office of Geriatrics and Extended Care and serves at the national communications lead.

Deborah (Deb) Goral works as the VISN 4 Palliative Care Coordinator, is the Co-Chair for the Pittsburgh VCP and serves as the national education lead.

Dr. Marianne Shaughnessy, Director, Geriatric Research Education and Clinical Centers, Geriatrics and Extended Care, oversees the VCP national program.

Foreword

Veteran Community Partnerships (VCPs) are coalitions of Veterans and their caregivers, Department of Veterans Affairs (VA) facilities, community health providers, organizations and agencies working together on the common goal to facilitate connections to, and transitions among, the full continuum of care and support services in VA and the community.

With three pilot sites in 2011, VCPs have grown steadily over the past decade – there are 61 trained VA Medical Centers in all 18 Veterans Integrated Service Networks (VISNs) in 28 states.

VCPs, along with the rest of world, endured a very difficult year because of the pandemic. Amazingly, we watched communities adapt by working together in unique and diverse ways to stay connected while keeping their lives moving forward through difficult times.

The pandemic may have slowed down VCP activities for 2020, but VCP members continued the work through adversity. All VCPs converted face-to-face meetings to virtual platforms. The **Robley Rex (Louisville, KY – VISN 9), Eastern Colorado – VISN 19 and Nashville, TN – VISN 9 VCPs** developed COVID-specific resource guides for their communities. Some medical centers even continued community events by using a drive-through approach that allowed for social distancing.

This year's summary will highlight the work done by VCPs and showcase the creative ways that VCPs adapted to the new normal.

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*Thank you for the COVID support calls.
We are getting through this one hour at a time.*

Veteran, Pittsburgh, PA – VISN 4

VA + Community =



**VETERAN COMMUNITY
PARTNERSHIPS**



**Helping and
Empowering
Veterans**

VCPs solve problems together.

Pittsburgh VCP Co-Chair – VISN 4

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Overview

History and Background

Over 10 years ago, VCPs – modeled after the successful Hospice-Veteran Partnership initiative – were piloted by the Office of Geriatrics and Extended Care.

A Veteran Community Partnership (VCP) is a joint project of Veterans Health Administration (VHA) Offices of Geriatrics and Extended Care, Community Engagement, Rural Health, Mental Health and Suicide Prevention and the Center for Healthcare Advancement and Partnerships. The Center for Development and Civic Engagement also contribute to VCP success.

Rationale

While VA operates the largest integrated health care system in the U.S., streamlined coordination of the access to services for Veterans can be a challenge, as:

- There are over 19 million Veterans in the U.S.; only 9 million Veterans are enrolled with the VA for health care with 4.5 million over the age of 65; therefore, VA's ability to directly serve the majority of Veterans is limited
- Older Veterans tend to have:
 - More interacting diagnoses and medications
 - More functional dependence
 - More caregiver needs and challenges
 - So, they are more likely to rely on services and supports from a variety of medical providers and community programs
- About 3.1 million of VA patients over 65 use one or more non-VA health care service – yet there is no systematic linkage among providers/services, which leads to discontinuities in care and documentation, and redundant or missed services

Neither VA nor community agencies alone can provide all the services a Veteran may need, so **there is a great need for strong partnerships** to be developed and nurtured among VA and community providers and organizations – to provide the coordinated quality health care that Veterans and their families deserve.

How VCPs Help Build and Sustain Partnerships

VCPs can provide a proven model that is innovative, flexible and relevant to help VAs and community organizations address a broad range of needs. Veterans and their caregivers are the main targets of VCP efforts and the VCP model is applicable to all Veteran populations. Indeed, many VCPs have chosen to address specific issues, populations, topics or programs, including homelessness, community re-integration, mental health, end-of-life care, caregivers, dementia and more.

During the pandemic, VCPs experienced an increase in new community partners or re-engagement of former partners. Crystal Arcarese, **Wilkes-Barre VCP – VISN 4** Co-Chair, shared, “Our VCP experienced a re-engagement of former community partners, which led to strengthening our network and tightening the safety net for our community.”

The following VCPs reported increases in new partners who joined their VCPs in 2020:

- **Hampton Roads VCP – VISN 6 – 29%**
- **Lebanon VCP – VISN 4 – 20%**
- **Kentuckiana VCP – VISN 9 – 20%**
- **Wichita VCP – VISN 15 – 30%**

Nationally, VCP observed a 25% increase in new community partners in 2020.

VCPs support Veterans, their caregivers and families. The VCP model of collaboration – Veterans, caregivers, VA staff and community organizations – is a coalition working together to integrate knowledge and action for the combined mutual benefit of all involved. It continues to be a low-tech, high-touch, Veteran-centric, easily replicated and readily adapted approach to optimizing civilian and VA services for Veterans.

For example:

- **Nashville VCP – VISN 9** worked with the Caregiver Support staff and community partners to host their 2020 Caregiver Summit, which was attended by 33 Veterans and family members and seven community partners.
- **Indianapolis VCP – VISN 10** used virtual technologies to link each VA and VA/Community Clubhouse closest to the Veterans they serve. The response was tremendous and has made the Clubhouse Model a common point of discussion for Veterans whether enrolled or not enrolled in VA care.



Clubhouse member David Fearance and his caregiver Kat Blane at Circle City Clubhouse. Fearance, a 59-year-old Army Veteran has been coming to Circle City Clubhouse, Indianapolis for nearly three years. Photo by Jill Sheridan/IPB News

VCP Sites



Year	Locations Trained
2011	Battle Creek, MI; Albany, NY; Manchester, NH
2012	Ann Arbor, MI; Battle Creek, MI; Danville, IL; Detroit, MI; Indianapolis, IN; Fort Wayne, IN; Saginaw, MI; Bay Pines, FL; Miami, FL; West Palm Beach, FL; North Florida/South Georgia; San Juan, PR; Tampa, FL; Orlando, FL
2013	Ashville, NC; Beckley, WV; Durham, NC; Fayetteville, NC; Hampton Roads, VA; Salem, NC; Richmond, VA; Salisbury, NC
2014	Pittsburgh, PA; Wilkes-Barre, PA; Wilmington, DE; Altoona, PA; Butler, PA; Clarksburg, WV; Coatesville, PA; Erie, PA; Lebanon, PA; Philadelphia, PA; Port Angeles, WA
2015	East Orange, NJ; Northern California-East Bay; Atlanta, GA; Little Rock, AR; Omaha, NE; San Francisco, CA; Columbus, OH; Fort Harrison, MT; Northern Arizona; Anchorage, AK
2016	Lexington, KY; Louisville, KY; Mountain Home, TN; Nashville, TN; Memphis, TN
2017	Walla Walla, WA; Spokane, WA; Denver, CO; Puget Sound, WA
2018	San Antonio, TX; Baltimore, MD
2019	Chicago (Hines), IL; Syracuse, NY; Wichita, KS

VCPs in Action

Key Accomplishments

While the pandemic may have slowed down VCP activities for 2020, VCP leaders continued to work despite those challenges. Key accomplishments for FY2020 included:

- 278 meetings using virtual modalities
- 92 virtual events, which included Caregiver and Homeless Stand Downs, Health Fairs, Food Drives, Donation Drives, Pinning Ceremonies, Drive-by Events and Educational Events
- Nearly 3,000 Veterans who met with VA staff and community partners to make connections, build relationships and receive valuable information on the available resources in their community

The **Hampton Roads VCP – VISN 6** donated supplies to STOP, Inc., a Community Action Agency program that provides assistance to Veterans and conducted outdoor events that included Veteran Pinning Ceremonies and a violin concert

Wilkes-Barre VCP – VISN 4 held a drive-through food distribution event, [featured on the local news](#), that occurred weekly from April to November 2020. The VA partnered with the Wineburg Regional Food Bank to provide 1,400 food boxes to Veterans in need during the pandemic. VA staff along with the Disabled American Veterans used vans to deliver boxes to those who were homebound using contactless protocols.



The **Lebanon VCP – VISN 4** provided educational webinars for community organizations and providers that focused on caring for Veterans. The topics included Moral Injury, PTSD and Suicide Prevention. These topics drew in 170 participants from two states.

VA's collaborative efforts with our community partners enhanced suicide prevention efforts for Veterans not engaged in VA care – thanks to the VCP.

Baltimore VCP Co-Chair – VISN 5

Northern California-East Bay VCP – VISN 21 worked with their community partners who opened a Vet-to-Vet Café at Christ the Lord Episcopal Church in Pinole, CA. Rev. Dr. Lois Williams, VCP community Co-Chair, who operates the Café, recruited a Veteran to assist and yielded a turnout of 10 to 15 Veterans. The Café provides a place for Veterans to socialize and share their stories.

VCP fueled innovation when the **Wichita VCP – VISN 15** hosted a drive-through resource fair. The Fair hosted 56 vendors and served 34 Veterans and families who drove through a parking lot to learn more about community resources.

Nashville VCP – VISN 9 noticed an increase in the number of domestic violence incidents in their community. This prompted them to host a virtual Intimate Partner Violence (IPV) Awareness event. The event was available nationally and internationally. Over 400 participants from all over the world registered for the event.

Veterans have been able to receive ongoing domestic violence services from both the VA and community agencies during COVID-19. Unfortunately, these incidents have increased due to isolation, quarantine, etc. as well as increased stressors such as job loss and financial struggles. Continued VCP meetings have ensured continuity of care for Veterans throughout the pandemic.

Nashville VCP Co-Chair – VISN 9

Spotlight Story

The **Kentuckiana VCP – VISN 9** (also called the Veteran Community Integration Coalition) in Kentucky and Indiana created a COVID-safe Stand Down event, Appreciation-in-a-Bag, to both honor Veterans and distribute resources and information. To minimize contact they gathered giveaway items and printed information and placed everything in donated backpack style bags, which contained:

- Handmade thank you cards from children and teens from the local Boys and Girls Club
- \$10 grocery gift cards
- Masks
- Information about VA and community services

While Veterans were picking up their Appreciation-in-a-Bag backpacks they were asked about what resources and services they would like VA to provide. This way their needs could be considered and addressed, if possible – by the VA or by the local VCP.



Barbara Gordon, MA, Director of Community Engagement, University of Louisville Trager Institute and Lori Paris, LCSW, Caregiver Support Coordinator and Kentuckiana VCP Co-Chair

The event drew the attention of local media, and the story was aired several times, which served to promote and increase exposure for their VCP and their focus on developing and expanding health care options and services for Veterans as well as ensuring choice in their access to care, services and benefits.

This is the biggest Stand Down I have ever seen. It does our own participants and graduates good to be of use to their community. Your planning and attention to detail showed in such a meaningful way.

Kentuckiana VCP Co-Chair – VISN 9

Other community partnership activities in 2020 included:

- Homeless Stand Downs in **Wichita, KS – VISN 15**, **Louisville, KY – VISN 9**, **Northern California-East Bay – VISN 21** and **Wilkes Barre, PA – VISN 4**

The drive provided comfort items to Veterans in long term care facilities or in the homeless program that are not able to get out into the community. Items were donated from agencies in the community, and we were able to provide social activities as well as some TLC during this time of COVID.

Wichita VCP Co-Chair – VISN 15

- Virtual Caregiver Summits in **Altoona, PA**, **Wilkes Barre, PA** and **Philadelphia, PA – VISN 4**
- Educational webinars in **Pittsburgh, PA**, **Lebanon, PA – VISN 4**, **Nashville, TN – VISN 9** and **Denver, CO – VISN 19**
- [Pinning Ceremonies](#) in **Lebanon, PA – VISN 4** and **Hampton Roads, VA – VISN 6**
- Wreaths Across America in **Northern California-Sacramento – VISN 21**
- Car Parades in **Atlanta, GA – VISN 7** and **Northern California-Sacramento – VISN 21**
- Resource Eligibility Events in **Tampa, FL – VISN 8** and **Nashville, TN – VISN 9**



“Drive-by” car parade for the 100th birthday celebration for WWII Veteran, Lt. Richard Blackwell

Sustainment of Active VCPs

Sustainment of VCPs has shown to be a challenge throughout the program. As VA VCP Co-Chairs get promoted and move on to other opportunities, their replacements are often delayed, with no formal transition. The VCP Leadership team recognized the challenge and created a sustainment plan that requested a VISN Point of Contact and back-up Co-Chairs to assist with sustainment at the local level and on the national level they implemented:

- VCP Co-Chair Mentoring sessions focused on strengthening existing VCPs four times during the year
- Training and guidance for new Co-Chairs taking over an established VCP
- Updates to VCP trainings with a module on sustainment and an annual presentation on sustainment by a subject matter expert on the VCP Monthly Co-Chairs call

Program Renewal

VCP leaders identified and contacted seven inactive VCPs; sites reported that inactivity was a result of vacant positions and VCP responsibilities being added as a collateral assignment. VCP leaders discussed inactive VCPs and developed new marketing plans to include development of formalized Co-Chair responsibilities, involved existing VCP Co-Chairs in VCP national leadership committees and trainings to gain additional perspectives and share best practices and updated VCP trainings and marketing materials. Despite the challenges, three formerly inactive facilities have new Co-Chairs assigned and have resumed activities, with the other four remaining inactive as local leadership did not support these efforts at this time.

Program Expansion

VCP was included in the Geriatrics and Extended Care 2020-2024 Transformational Plan with the goal of establishing a VCP at all VA facilities. VCP leadership is poised to implement this plan through 2024, with three strategic goals identified for FY2020.

VCP Strategic Plan

The VCP national team develops an annual strategic plan that guides the activities for the upcoming year. For 2020, the first goal was to support and strengthen active VCPs to foster sustainment. The second goal was to contact inactive VCPs to identify needs and barriers to sustainment. Last, the third goal was to develop a plan for dissemination of VCP to all Veterans Administration Medical Centers. All three goals were met.

Types of VA Services and Community Partners Involved in VCPs

In FY2020, 262 VA staff from 22 different service lines supported local VCPs. Over 700 individuals from the community represented the organizations listed below as well as 31 more listed as “Other” who also provided insights and contributions to VCPs.

VA Services	Community Partners
Chaplain Service	AARP Chapters
Employment Coordinator	Adult Day Cares
Geriatrics and Extended Care Service	Alzheimer’s Associations
Homelessness	Assisted Living Facilities
Medical Administration (Enrollment, Eligibility, etc.)	Brain Injury Associations
Medicine Service	Caregiver Services
Mental Health (Behavioral Health and Suicide Prevention)	Community Mental Health Agencies
National Cemetery Administration	Councils/Divisions on Aging (Area Agency on Aging)
Nursing Service	Departments of Health and Social Services
Office of the Director (Seamless Transition)	Funeral Homes
Physical Medicine and Rehabilitation Service	Home Health Agencies
Primary Care	Hospice Providers
Pulmonary Service	Individual Veterans
Research Service	Legal Aid Services
Social Work	National Charitable Organizations (Red Cross, Easter Seals, etc.)
VA Office of Tribal Government Relations	Nursing Homes and Rehabilitation Facilities
VET Center	Senior Services
Veteran Benefit Administration	Transportation Services
VHA Program Office	Universities/Colleges
Voluntary Service	Veteran Service Organizations (VFW, AL, DVA, PVA, etc.)
Women’s Health	YMCAs/YWCAs

Overall Benefits and Challenges

Of course, VCPs were put to the test as soon as the lockdown went into effect. Some plans were canceled, and others were re-imagined. At the forefront for every VCP was:

What can we do to help Veterans?

Benefits and challenges are shared via the VCP Reporting Tool, during monthly VCP Co-Chair networking calls, during the 6-session Mentoring Program, through contact with members of the VCP Leadership Team and informational emails. This way successes and benefits can be replicated or adapted, and challenges can often be addressed through consideration of new approaches or possible solutions – these established methods proved to be highly beneficial during the pandemic.

Since strengthening relationships and enhancing communication on behalf of Veterans is the major goal of VCP, it is gratifying that the benefits most frequently cited by VCP participants are exactly those:

- *Developing/strengthening relationships and improving communication between VA and community organizations and agencies*
- *Promoting continuity of care to meet the needs of Veterans and caregivers*
- *Increasing referrals and support for caregivers and improving service plans for Veterans*

Challenges Cited Most Often by VCPs
<i>Limits on time</i>
<i>Supervisor support</i>
<i>Funds to cover costs</i>
<i>Turnover of VA VCP Co-Chair</i>

The progress of the national VCP initiative affirms the continuing need for strong and healthy partnerships among VA and community providers, agencies and service organizations to provide coordinated quality health care and services for Veterans and their families.

Indeed, **VCPs support VA's expanding efforts to amplify community engagement and partnerships to optimize choice and service for those who served.**

VCP Trainings, Technical Assistance, Tools and Resources

Trainings

While no new VCPs were started in FY2020, virtual mentoring and training was provided to VA and Community Co-Chairs seeking additional support or who were new to their positions.

VCP mentoring training consists of six interactive one-hour sessions focused on building and sustaining a VCP. The sessions are offered quarterly and cover the following topics:

Week 1: **VCP Overview, Mission and Vision and Goals**

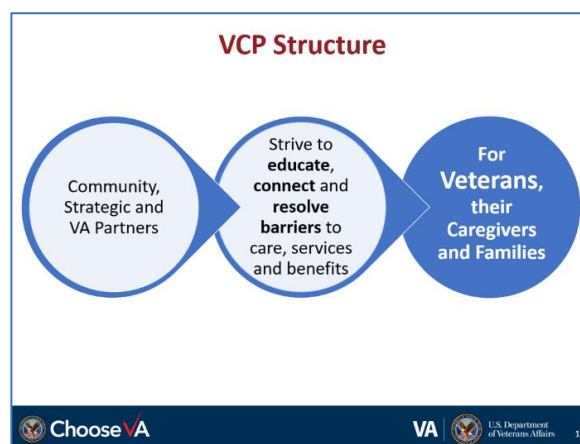
Week 2: **VCP Resources**

Week 3: **Build a Strong Foundation**

Week 4: **Define a VCP Focus**

Week 5: **Develop Action Plans**

Week 6: **Promote, Sustain, Advocate and Evaluate VCP**



The VCP Mentor Program started in 2019 and has offered five sessions. To date, 27 VCP Co-Chairs have participated in the mentor program. Of those that completed the program, 100% of the participants reported feeling more confident as a VCP Co-Chair because of their participation in the VCP Mentoring Program.

Attendees **identified likely changes in professional practice/job function** based on what they learned, with the top six likely changes cited including:

1. *Improved networking*
2. *Using connections made*
3. *Increased collaboration*
4. *Using strategies learned to engage female Veterans as well as Veteran spouses*
5. *Intention to use knowledge gained about VA and community resources*
6. *Asking each client if they are a Veteran (from community participants)*

VCP trainings **provided relevant education and relationship building opportunities that benefit Veterans served by VA and in the community**. Participant comments included:

- *Focused, interactive and educational – highly professional and beneficial*
- *Great training on creating partnerships and building relationships*
- *Also appreciated information that provided a base for moving forward*

Ideas suggested for topics and presenters at future VCP trainings or events, **to optimize the impact of partnerships** included:

- *Ensure wide base of community partners and include key community partners on leadership teams; communicate benefits to community partners*
- *Hold on-site meetings at partner member locations and offer tours*
- *Provide brief overview of VCPs at all meeting so newcomers are quickly brought up to speed; allow plenty of time for networking*
- *Share stories about what other VCPs have done to empower collaborative action between VA and community partners*
- *Leverage learnings from operating under the constraints of a pandemic to enhance reach to Veterans in rural settings and those who are homebound or experience transportation challenges; encourage participation of VA staff and community partners via videoconferencing or hybrid meeting formats*

Technical Assistance, Tools and Resources

Monthly Networking Calls – Ongoing technical assistance is made available to all VCP Co-Chairs through monthly networking and mentoring phone calls where they can share successes, challenges and lessons learned as well as seek coaching and advice. Guest speakers and periodic trainings provide additional education about issues relevant to VCPs.

VCP Toolkit – The [VCP Toolkit](#), updated in FY2020 with significant input from VCP members across the nation, provides step-by-step guidance on forming a VCP and links to materials that can be customized. To model the benefits of partnerships as well as meet pledges made to Congress, content from VHA's Mental Health Summit Toolkit was integrated into the VCP Toolkit. In addition, the updated Toolkit contains links to VA services and resources, the VA App Store, videos, other VA Toolkits, statistics about Veterans and more.



Online VCP Resources – A Site Roster, Fact Sheet, templates for Action Plans, Needs Assessments, Evaluations, PowerPoints and more can be accessed via the [VCP Website](#).

Plans for FY2021 and Beyond

- Expand VCP to every VHA Medical Center
- Rework VCP training from site-specific curriculum to VISN-specific curriculum using a virtual format and adapting or expanding to an in-person format if face-to-face training is resumed
- Update VCP Mentoring Program content
- Develop a Talent Management System (TMS) course for supervisors of VCP Co-Chairs
- Identify a VCP POC at each VISN
- Develop a TMS course for VISN VCP POCs
- Develop a diversity training course for VCPs, accessible on TMS and TRAIN
- Refine standardized tools used to collect quarterly data about VCP progress and activities
- Offer additional training on evaluation to VCP Co-Chairs and members



NOTE: Adding VCP to the [For Health Care Professionals](#) section of [VA's Geriatrics and Extended Care website](#) was a goal for FY2020.

Acknowledgements

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VHA Center for Development and Civic Engagement

- Sabrina Clark, Kevin Stanford

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VHA Office of Mental Health and Suicide Prevention

- Michele Karel

VHA Office of Rural Health, Veterans Rural Health Resource Center - Salt Lake City

- Byron Bair, Bret Hicken

VCP National Advisory Board

- Sabrina Clark, VHA Center for Development and Civic Engagement
- Susan Edgerton, Disabled American Veterans*
- Brendan Flinn, LeadingAge*
- Lori Gerhard, Administration for Community Living*
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- Marianne Shaughnessy, VHA Office of Geriatrics and Extended Care
- Kevin Stanford, VHA Center for Development and Civic Engagement
- Tracy Weistreich, VHA Center for Healthcare Advancement and Partnerships

** ex officio member*



September 2021